FC-RM-D

1193558

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES SEPURSUANT TO REGULATION D.

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated Average burden

hours per response....1

SEC U	JSE ONLY
Prefix	Serial
	L
DATE	RECEIVED

Name of Offering (☐ check if this is an amendment and name has changed, a Friends and Family Offering	ind indicate change.)
Filing Under (Check box(es) that apply:) ☐ Rule 504 ☐ Rule 505 ☒ Rule	506 ☐ Section 4(6) ☐ ULOE
Type of Filing: ☐ New Filing ☐ Amendment	
A. BASIC IDENTIFICA	ATION DATA
1. Enter the information requested about the issuer	
Name of Issuer (☐ check if this is an amendment and name has changed, and American Financial Realty Trust	• • • • • • • • • • • • • • • • • • • •
Address of Executive Offices (Number and Street, City, State, Zip Co. 1725 The Fairway, Jenkintown, Pennsylvania 19046	Telephone Number (Including Area Code) (215) 887-2280
Address of Principal Business Operations (Number and Street, City, State, Zip (if different from Executive Offices)	
Brief Description of Business	
Acquisition of corporate owned real estate assets, primarily single-tenant institutions and ownership and management of such assets under long-term, tr	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed	☑ other (please specify): real estate investment trust
M	Ionth Year
Actual or Estimated Date of Incorporation or Organization:	O 5 O 2 Actual Bestimated PROCESSED
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State	e: 0CT 0 3 2002
CN for Canada; FN for other foreign jurisdiction)	THOMSON
	FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et. seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the mortice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA								
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual) Schorsch, Nicholas								
Business or Residence Address (Number and Street, City, State, Zip Code) 1725 The Fairway, Jenkintown, Pennsylvania 19046								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual) Ranieri, Lewis S.								
Business or Residence Address (Number and Street, City, State, Zip Code) 1725 The Fairway, Jenkintown, Pennsylvania 19046								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual) Blumenthal, Glenn								
Business or Residence Address (Number and Street, City, State, Zip Code) 1725 The Fairway, Jenkintown, Pennsylvania 19046								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual) Ciorletti, William P.								
Business or Residence Address (Number and Street, City, State, Zip Code) 1725 The Fairway, Jenkintown, Pennsylvania 19046								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual) Kahn, Jeffrey C.								
Business or Residence Address (Number and Street, City, State, Zip Code) 1725 The Fairway, Jenkintown, Pennsylvania 19046								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual) Matey, Jr., Edward J.								
Business or Residence Address (Number and Street, City, State, Zip Code) 1725 The Fairway, Jenkintown, Pennsylvania 19046								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual) Huffman, Sonya A.								
Business or Residence Address (Number and Street, City, State, Zip Code) 1725 The Fairway, Jenkintown, Pennsylvania 19046								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)								

SEC 1972 (6/02)

Transou, William S.

Business or Residence Address (Number and Street, City, State, Zip Code)

1725 The Fairway, Jenkintown, Pennsylvania 19046

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities
of the issuer;
• Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or
Managing Partner
Full Name (Last name first, if individual)
Faulkner, III, Henry
Business or Residence Address (Number and Street, City, State, Zip Code)
1725 The Fairway, Jenkintown, Pennsylvania 19046
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or
Managing Partner
Full Name (Last name first, if individual)
Garea, Raymond
Business or Residence Address (Number and Street, City, State, Zip Code)
1725 The Fairway, Jenkintown, Pennsylvania 19046
• • • • • • • • • • • • • • • • • • • •
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
* *
Full Name (Last name first, if individual)
Kraemer, Richard A.
Business or Residence Address (Number and Street, City, State, Zip Code)
1725 The Fairway, Jenkintown, Pennsylvania 19046
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or
Managing Partner
Full Name (Last name first, if individual)
Tonkel, Jr., J. Rock
Business or Residence Address (Number and Street, City, State, Zip Code)
1725 The Fairway, Jenkintown, Pennsylvania 19046
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or
Managing Partner
Full Name (Last name first, if individual)
Tun rune (Sust hante that, it marriada)
Business or Residence Address (Number and Street, City, State, Zip Code)
Business of Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or
Managing Partner
Full Name (Last name first, if individual)
run Name (Last name first, if murviduar)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or
Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

				В.	INFORM	ATION A	ABOUT	FFERIN				
1/			<u> </u>	<u> </u>		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	alline <u>. </u>				Yes	No
1. Has the	issuer solo	d, or does	the issuer	intend to se	ell, to non-a	ccredited	investors i	n this offer	ing?			\boxtimes
	Answer also in Appendix, Column 2, if filing under ULOE.											
2. What is the minimum investment that will be accepted from any individual?								<u>\$</u>	N/A			
3. Does th	e offering	permit joi	nt ownersł	nip of a sing	gle unit?		• • • • • • • • • • • • • • • • • • • •				Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	(Last nam	e first, if i	ndividual)									
Business or	Residenc	e Address	(Number a	and Street,	City, State	, Zip Code	*)					
Name of A	ssociated I	Broker or	Dealer									
States in W	hich Perso	on Listed I	Has Solicit	ed or Inten	ds to Solic	t Purchase	ers	·			·	
(Check	"All State	s" or chec	k individua	al States)	·····		•••••	,	•••••			☐ All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last nam	e first, if i	ndividual)				······································					
Business or	Residenc	e Address	(Number	and Street,	City, State	, Zip Code	e)	- <u>-</u>				
Name of A	ssociated l	Broker or	Dealer						<u></u>	·		
States in W	hich Perso	on Listed l	Has Solicit	ed or Inten	ds to Solic	it Purchase	ers					
(Check	"All State	s" or chec	k individua	al States)								☐ All States
[AL] {IL} [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last nam	e first, if i	ndividual)			· · · · · · · · · · · · · · · · · · ·						
Business or	Residenc	e Address	(Number	and Street,	City, State	, Zip Code	2)		-			
Name of A	ssociated 1	Broker or	Dealer						· · · · · · · · · · · · · · · · · · ·	 _		
States in W	hich Perso	on Listed	Has Solicit	ed or Inten	ds to Solic	it Purchase	ers					
(Check	"All State	s" or chec	k individu	al States)	.,							☐ All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

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<u> </u>	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEED	S
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box o and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$2,955,800	\$2,955,800
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	<u>\$</u>	\$
	Total	\$	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$2,955,800
	Non-accredited Investors	0	<u>\$ 0</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of	Dollar Amount
	D 1 505	Security	Sold
	Rule 505	·	\$
	Regulation A		<u>5</u>
	Rule 504		<u>5</u>
	Total		2
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		□ \$ 0
	Printing and Engraving Costs		□ \$ 0
	Legal Fees		■ \$ <u> </u>
	Accounting Fees		□ \$ 0
	-		□ \$ 0
	Engineering Fees.		□ \$ 0
	Sales Commission (specify finders' fees separately)		□ \$ <u>0</u> ⊠ \$ 500
	Other Expenses (identify) (blue sky filing fees)		⊠ \$ 5,500
	Total		E # 0,700

	•						
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	E OF PROC	\$2,950,300				
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furni estimate and check the box to the left of the estimate. The total of the payments listed equal the adjusted gross proceeds to the issuer set forth in response to Part C - Questio above.	sh a mu	n st				
			Of Dire	ments to ficers, ctors, & filiates		Payments To Others	
	Salaries and fees		\$	0		\$0	
	Purchase of real estate		\$	0		\$	
	Purchase, rental or leasing and installation of machinery and equipment		\$	0		\$0	
	Construction and leasing of plant buildings and facilities		\$	0		\$0	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	0		\$0	
	Repayment of indebtedness		\$	0		\$	
	Working capital		\$	0	X	\$ 2,950,300	
	Other (specify)		\$	0		\$0	
	Column Totals		\$	0		\$0	
	Total Payments Listed (column totals added)			⊠ \$_	2,950	0,300	
	D. FEDERAL SIGNATURE			· · · · · · · · · · · · · · · · · · ·			
ollets s Iss An	e issuer has duly caused this notice to be signed by the undersigned duly authorized personnels signature constitutes an undertaking by the issuer to furnish the U.S. Securities and staff, the information furnished by the issuer to any non-accredited investor pursuant to parasete (Print or Type) Signature Marie of Signer (Print or Type) Title of Signer (Print or Type)	Exc agra D	hang ph (ate epter	ge Commiss b)(2) of Rul mber 24, 200	ion, u e 502	pon written reques	
(Glenn Blumenthal Senior Vice Viesich	er	+				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)